

**4. Describe the action(s) the school took because of your physical condition or developmental disability.
(For example: denied admission, refused to modify admissions or examination conditions, etc.)**

a. First action:

Date taken:

b. Second action:

Date taken:

c. Third action:

Date taken:

d. Fourth action:

Date taken:

6. Certification and Signature

By my signature below, I certify that I have read the above complaint, and, under penalties of law, I declare that this complaint is true and correct to the best of my knowledge and belief.

Signature of complainant or authorized representative

Date signed

Mail Your Completed and Signed Complaint to One of the Following Offices.

**State of Wisconsin
Department of Workforce Development
Equal Rights Division**

201 E. Washington Ave., Room A300
PO Box 8928
Madison, WI 53708
Telephone: (608) 266-6860
FAX: (608) 267-4592
TTY: (608) 264-8752

819 North 6th Street
Room 255
Milwaukee, WI 53203
Telephone: (414) 227-4384
FAX: (414) 227-4084
TTY: (414) 227-4081

Equal Rights Complaint Process Information Sheet

Please answer the following questions and return this sheet with your completed complaint. We need this information to effectively process your complaint.

First Name	Middle Name	Last Name
Today's Date	Your Date of Birth (requested for identification purposes) (month/day/year)	
Availability/Contact Information (Important! You must notify the Equal Rights Division if you change your address or telephone number. If we are unable to locate you, your complaint may be dismissed.)		
Is there a telephone number where you can be reached between 7:45 a.m. and 4:30 p.m.? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, provide the telephone number including the area code ()		
Please provide the name, address, and telephone number of a friend or relative who does not reside with you but who will know where you can be reached:		
Name of contact person	Relationship to you	
Address	Telephone number including the area code ()	
Settlement Information		
Complete this section if you were (or still are) enrolled as a student with the Respondent:		
First date you were enrolled:	What is/was your course of study?	
Are you still enrolled with the respondent? <input type="checkbox"/> Yes <input type="checkbox"/> No		
At this time, what are you seeking to settle your complaint?		

You will have an opportunity to provide more information during the investigation

Statistical Information		
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		
Race (check one or more appropriate boxes): <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian </div> <div> <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White </div> <div> <input type="checkbox"/> Black or African America <input type="checkbox"/> Unknown </div> </div>		
National Origin or Ethnic background (check only one): <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Hispanic or Latino </div> <div> <input type="checkbox"/> Arab, Afghani or Middle Eastern </div> <div> <input type="checkbox"/> Other </div> </div>		